

105 CMR 750.000: LICENSING AND APPROVAL OF DRUG TREATMENT PROGRAMS

Section

750.010: Scope of 105 CMR 750.000

750.020: Definitions

General Standards for Licensing and Approval

750.030: Procedures for Issuing Licenses and Approvals

750.040: Provisional Licenses and Approvals

750.050: Inspection

750.060: Deficiency Correction Order

750.070: Suspension, Revocation, and Refusal to Issue or Renew Licenses and Approvals

750.080: Suspension in Emergency

750.090: Posting of License or Approval

750.100: Notification of Legal Proceeding

750.110: Notification of Death

750.120: Notification of Accident, Fire and Communicable Disease

750.130: Notification of Closure

750.140: Change of Name, Ownership or Location

750.150: Waiver

750.160: Information Required by the Department

Program Administration

750.300: Statement of Purpose

750.310: Policy Manual

750.320: Administration

750.330: Personnel

750.340: Finances

750.350: Evaluation

750.360: Client Records

750.370: Confidentiality

750.380: Client Rights

Services Common to all Programs Except Crisis Intervention

750.500: Admission

750.510: Orientation

750.520: Treatment Plan

750.530: Periodic Review

750.540: Treatment Services

750.550: Community Relationships

750.560: Termination

750.570: Follow-Up

Service Requirements for Specific Programs

750.700: Residential Treatment Programs

750.710: Ambulatory Treatment Programs

750.720: Methadone Treatment Programs

Physical Plant

750.800: General Requirements

750.810: Health

750.820: Residential Facilities

750.010: Scope of 105 CMR 750.000

105 CMR 750.000 sets forth the minimum standards for the operation of public and private drug treatment programs operating in the Commonwealth, regardless of their source of funding. The following specific modalities are covered by 105 CMR 750.000: residential drug treatment programs; ambulatory programs; including day treatment, and crisis intervention; and methadone treatment programs. Drug programs operated by the federal government are not regulated by 105 CMR 750.000.

750.020: Definitions

Administrator - means the person responsible for the operation of a drug treatment program.

Aftercare - means the provision of or the arrangement for counseling and/or supportive services to those clients who have successfully completed a residential treatment program but who require continued formal support.

Approval - means a certification, in writing, whether full or provisional, issued by the Department to a public agency or institution thereof which authorizes it to operate a drug treatment program.

Client - means a person applying for admission or admitted to a facility or program for treatment services.

Client Record - means any information regarding the identity, diagnosis, prognosis, or treatment of, or other program dealings with, any past or present program client.

Day Treatment Program - means a non-residential treatment program for persons able to reside in the community but who need the reinforcement of a structured environment in order to become and/or remain drug free.

Department - means the Department of Public Health.

Dependency Related Drug - means a controlled substance as defined in M.G.L. c. 94C, § 1.

Division - means the Division of Drug Rehabilitation, Department of Public Health.

Drug Treatment Program - means a program which provides therapeutic services and necessary supportive services especially designed for the treatment of drug dependent persons or persons in need of immediate assistance due to the use of a dependency-related drug.

Facility - means any public or private place, or portion thereof, which is not part of or located at a penal institution and which is not operated by the federal government, where especially-designed services are provided for the treatment of drug dependent persons or persons in need of immediate assistance due to the use of a dependency-related drug.

License - means a certification, in writing, whether full or provisional, issued by the Department to any responsible and suitable person which authorizes that person to operate a drug treatment program.

Licensee - means any person holding a license or approval from the Department to operate a drug treatment program.

Methadone Detoxification - means the withdrawal of a client from dependence on heroin or other opiate-like drugs by means of administering or dispensing methadone as a narcotic drug in decreasing dosages in accordance with Federal Food and Drug Administration regulations.

Methadone Maintenance - means the continued administering or dispensing of methadone in conformance with Federal Food and Drug Administration regulations, in conjunction with the provision of appropriate social and medical services, at relatively stable dosage levels as an oral substitute for heroin or other opiate-like drugs, for an individual dependent on heroin or other opiate-like drugs.

Methadone Treatment Program - means a drug treatment program which furnishes a comprehensive range of services using methadone for the detoxification and/or maintenance of narcotic dependent persons, conducting the initial evaluation of clients and providing on-going treatment at a specified location or locations.

Person - means an individual, corporation, government, governmental subdivision or agency, business trust, estate trust, partnership, association, or any other legal entity.

750.020: continued

Qualified Health Professional - means a person who by virtue of education, training, and experience is capable of assessing the psychological and/or sociological needs of drug abusers to determine the treatment plans most appropriate for clients in programs administering services.

Residential Drug-Free Program - means a program which provides long-term social and rehabilitative services to live-in clients who are unable to remain drug-free while residing in the community.

Staff Member - means an individual designated by the program to provide client treatment services on a regular basis.

Treatment - means the provision of services for the care and rehabilitation of drug dependent persons, or persons in need of immediate assistance due to the use of a dependency related drug, including, but not limited to, medical, psychiatric, psychological or other counseling services.

Treatment Plan - means a written plan concerning a client, including, but not limited to, short and long range goals, designation of a primary counselor, type and frequency of counseling services, dosage level and plan for change in dosage level, if any, including planned rate of detoxification and social, medical and support services as needed by the individual client.

750.030: Procedure for Issuing Licenses and Approvals

(A) Procedure for Issuing Licenses.

(1) Any person, other than a licensed general hospital or a department, agency, or institution of the federal government, the commonwealth or any political subdivision thereof, shall file an application for licensure with the Department for the establishment or operation of a drug treatment program. The application shall be on a form prescribed by the Department. Any person seeking to renew a license shall file an application for renewal in writing to the Department on a form prescribed by the Department not less than 30 days prior to the date of expiration of the current license.

(2) The applicant shall be the person or persons having complete responsibility for the administration and business of the program.

(3) Upon receipt and review (which may include interviews, site-visits, and technical assistance related to licensing standards) of an application for a license or renewal thereof, and after consideration of the applicant's past performance, including: financial viability, absence of criminal activity, record of compliance with these or any previously applicable regulations under any past license, approval, or contract, the Department shall issue or renew a license if it finds that the applicant is in compliance and that it is responsible and suitable to establish and maintain a program.

(4) Before a license is issued, the applicant shall provide the following documents:

(a) a statement of the ownership of the facility, including the names and addresses of all owners, or in the case of corporations, the officers; in the case of a public program, the statutory basis of its existence;

(b) an up-to-date financial report of the program and in the case of a new program, evidence of its financial capability to operate for at least three months;

(c) a statement describing the program's personnel policies, where required under 105 CMR 750.330;

(d) written agreements with community operations or agencies for provision of emergency medical and mental health services;

(e) a certification by the local board of health or health department that the facility is in compliance with local and/or state ordinances regarding health, or a statement from the inspecting authority providing conditional approval and indication that the health of the clients would not be endangered in the facility;

(f) a certification by the Department of Public Safety or the appropriate local building inspector;

(g) a certification from the local zoning board that the facility is in compliance with applicable zoning regulation, where applicable; and

(h) evidence of ability to comply with 105 CMR 750.000.

750.030: continued

- (5) Residential Treatment Programs shall indicate the maximum bed capacity they intend to maintain for the licensure period.
- (6) A license or approval is valid for two years from the date of issuance.

(B) Procedure for Issuing Approvals.

- (1) Any department, agency or institution of the Commonwealth or any political subdivision thereof, shall file an application for a certificate of approval with the Department for the establishment or operation of a drug treatment program.
- (2) Applications for a certificate of approval shall be subject to all applicable requirements as stated in 105 CMR 750.030(A) and St. 1981, c. 704, § 7.

750.040: Provisional Licenses and Approvals

(A) When the Department finds that a current licensee or an applicant for licensure of a new program has not complied or is unable to comply with all applicable regulations but is in substantial compliance and has the capability of conforming to all regulations, the Department may issue a provisional license or approval provided that the care given by the program is adequate to protect the health and safety of the clients.

(B) A provisional license or approval is valid for a period not to exceed six months and may be renewed once for no more than six months.

750.050: Inspection

(A) The Department may at any time visit and inspect any program subject to licensure or approval by the Department, in order to determine whether such program is being operated in compliance with the law and 105 CMR 750.000.

(B) Failure to allow access of authorized department inspectors to the program shall be an adequate and independent ground for revocation of a license or approval.

750.060: Deficiency Correction Order

(A) Whenever the Department finds upon inspection or through information in its possession that a program is not in compliance with any applicable licensing regulations of the Department, the Department may order that the deficiency be corrected.

(B) Every such correction order shall be in writing and shall include a statement of the deficiencies found, the period within which the deficiency must be corrected, and the provision(s) of law and regulation relied upon. The period shall be reasonable, and except when the Department finds an emergency dangerous to the health and safety of clients, not less than 30 days from receipt of such order.

750.070: Suspension, Revocation, and Refusal to Issue or Renew Licenses and Approvals

The Department may suspend, revoke, refuse to issue or refuse to renew a license or approval for cause. Cause shall include but not be limited to the following:

- (A) The applicant or licensee failed to comply with any applicable regulation or any deficiency correction order;
- (B) The applicant or licensee furnished or made misleading statements or report required under 105 CMR 750.000;
- (C) The applicant or licensee refused to submit any reports or make available any records required under 105 CMR 750.000;
- (D) The applicant or licensee refused to admit at a reasonable time any employee of the Department for purposes of investigation or inspection authorized by 105 CMR 750.000; or

750.070: continued

(E) There is a reasonable basis for the Department to conclude that there is a discrepancy between representations by a program as to the treatment services to be afforded clients and the treatment services actually rendered or to be rendered.

Whenever the Department commences an action pursuant to this section, it shall initiate an adjudicatory proceeding in accordance with the requirements of M.G.L. c. 30A. All such adjudicatory proceedings shall be conducted in accordance with 801 CMR 1.00: *Adjudicatory Rules of Practice and Procedure*.

750.080: Suspension in Emergency

(A) The Department may suspend any license or approval without a hearing if failure of the operator or licensee to comply with any applicable regulation results in a situation which endangers the life or safety of clients or staff of the program.

(B) Upon written request of an aggrieved party, a hearing, in accordance with M.G.L. c. 30A shall be held within 21 days of the effective date of the suspension.

750.090: Posting of License or Approval

Every licensee shall post in a conspicuous place the current license or approval issued by the Department.

750.100: Notification of Legal Proceeding

Every licensee shall report in writing to the Department any legal proceeding (within ten days of initiation of such proceeding) brought against it or any person employed by the program, if such proceeding arises out of circumstances related to the care of clients in the program or to the continued operation of the program.

750.110: Notification of Death

The licensee shall notify the Department and client's known next-of-kin as soon as possible and in writing not later than 72 hours of any client death occurring on program premises. In the case of drug dispensing programs, notification shall occur regardless of place of death.

750.120: Notification of Accident, Fire, and Communicable Disease

The licensee shall notify the Department as soon as possible and in writing no later than 72 hours of any communicable disease or accident requiring medical attention involving clients or program staff or any fire or accident resulting in damage to the facility.

750.130: Notification of Closure

(A) At least 90 days prior to the temporary discontinuance of operation of a program for any period, the licensee shall request permission from the Department and notify all clients of its intent. Discontinuance of service shall be treated as an abandonment of the license or approval thereof, except where the Department has granted permission in advance. Such permission shall be given only in exceptional circumstances and for no longer than required.

(B) At least 90 days prior to the permanent closure of a program, the licensee shall give written notice of such intent to the Department and to all clients. The licensee shall be responsible for appropriate placement of clients.

750.140: Change of Name, Ownership, or Location

(A) A license or approval shall not be transferable from one licensee to another, from one program to another, or from one facility to another.

750.140: continued

- (B) The licensee shall provide prior notification, in writing, to the Department of any change in ownership of the program.
- (C) The licensee shall provide notification, in writing, to the Department of any change in principal administrative or clinical personnel in the program.
- (D) Prior to any change in location of the program or addition or reduction in the program capacity, the licensee shall notify the Department in writing.

750.150: Waiver

The Department may upon written request waive any provision contained in 105 CMR 750.700 through 750.720 if the applicant provides clear and convincing evidence, including at the request of the Department expert opinion, which demonstrates to the satisfaction of the Department that the applicant's alternative method will comply with the intent of the regulation for which the waiver is requested. The Department may consider any other evidence relevant to the request for waiver.

750.160: Information Required by the Department

- (A) Upon request of the Department, each program shall make available to the Department any information and/or data required to be kept and maintained under 105 CMR 750.000 and any other information and/or data reasonably related to the evaluation of the program.
- (B) In the event of any substantial change in program service capacity or treatment approach, whether an addition or deletion, or any substantial change in the physical plant affecting program capacity, the licensee shall give written notification of the intent to the Department (and to all clients directly affected) within a time which is reasonable to permit the Department to take any steps necessary to determine whether any change in licensure status is required, but in any event not less than 90 days prior to the proposed change.

750.300: Statement of Purpose

Each licensee shall adopt and maintain a current, written statement of purpose, identifying its goals, objectives, and philosophy. This statement shall be reviewed annually and modified, as necessary, as indicated by changes in the characteristics of the clients served, changes within the community where the facility is located, or any significant result of a program's self-evaluation.

750.310: Policy Manual

- (A) Each licensee shall adopt and maintain a current policy manual containing clear and concise statements regarding:
 - (1) Types of services provided, the specific qualifications for service delivery staff, restrictive criteria for receipt of specific services, if any, scheduling restrictions, and overall hours of program operation;
 - (2) Admission requirements and intake procedures, including a statement that the minimum information to be collected at the intake session shall include social, economic, and family histories, educational and vocational achievement, criminal history, and medical, drug, and drug treatment histories;
 - (3) Fee policies and reduced fees for persons of low income. 105 CMR 750.310 shall also contain a statement indicating whether or not the program accepts public or private third party reimbursement or funding;
 - (4) Procedures regulating access to client records, in accord with 105 CMR 750.350, 750.360 and 750.370;

750.310: continued

- (5) Program rules, including;
 - (a) all obligations imposed on clients and the sanctions for their violation,
 - (b) criteria for termination,
 - (c) procedures for involuntary terminations as required by 105 CMR 750.560,
 - (d) grievance procedure for the resolution of any other client related problem or dispute, and
 - (e) client rights at least to the extent guaranteed by 105 CMR 750.380.
- (B) The policy manual shall be made available to all clients and/or interested parties in the following ways:
 - (1) Posted or hung conspicuously in an area frequented by all clients, or
 - (2) Kept at a central place, with a notice of its placement conspicuously posted in an area frequented by all clients; and
 - (3) Given to each existing client within 60 days of the effective date of 105 CMR 750.000 and to each new client during the admission process and to any interested party upon request.
- (C) When furnishing a client with a copy of the policy manual or any change thereto, the licensee shall secure a dated and signed receipt which shall be placed in the client record.
- (D) Whenever the licensee makes a change in policy, it shall issue a written change to the policy manual, which change shall not take effect until placed and distributed as provided for the manual itself in 105 CMR 750.310(B).
- (E) The licensee may charge a reasonable fee for the cost of copying and assembling when giving a copy of the policy manual to an interested party or a second copy to a client.

750.320: Administration

- (A) Each licensee shall designate a qualified administrator and shall establish by-laws or policies which describe the organization of the program, establish authority and responsibility, and identify programs and goals.
- (B) The administrator or his/her designee shall at all times be on the premises of the facility while it is in operation. All staff members on duty shall know who is responsible for supervision of the program at any given time.
- (C) The ownership of the facility shall be fully disclosed to the Department including the names and addresses of all owners or controlling persons whether they be individuals, partnerships, corporate bodies, or subdivisions of other bodies.
- (D) The licensee shall be responsible for compliance with all applicable laws and regulations of legally authorized agencies.
- (E) Each licensee shall establish a system of business management and staffing to assure that the program maintains complete and accurate accounts, books and records, including required financial, personnel, and client records.

750.330: Personnel

- (A) Each licensee employing more than four persons shall describe in writing the program's current personnel policies and practices and shall make them available to all staff members. Such personnel policies shall include a description of:
 - (1) The criteria and procedures for recruiting, hiring, assignment, promotion, and suspension or dismissal of a staff member;
 - (2) The procedure for handling staff complaints;
 - (3) Provisions for vacations, holidays, paternity and maternity leaves, education and sick leaves, leaves of absence, and other fringe benefits;

750.330: continued

- (4) Staff member accident and safety procedures;
- (5) Procedures for disciplinary actions; and
- (6) Procedures for work performance appraisal.

(B) The licensee shall keep and maintain an organizational chart which shall include but not be limited to, lines of authority, responsibility, communications, and when relevant staff assignment.

(C) The licensee shall make available job descriptions for all positions including salary ranges.

(D) The licensee shall provide, upon request of the Department, evidence that personnel are currently certified, licensed or registered where applicable laws require certification licensure, or registration. In addition, the licensee shall maintain accurate information on the formal and ongoing education and training of direct service staff in all diagnostic, therapy, and treatment methods which he/she utilizes or supervises.

(E) The licensee shall provide orientation for all new staff members to acquaint them with the program's philosophy, organization, program practices and goals.

(F) The licensee shall provide ongoing staff training and supervision appropriate to the size and nature of the program and staff involved.

(1) The licensee shall have available or have access to an updated drug resource library which shall contain information concerning the pharmacology, psychosocial, and legal aspects of drug use and abuse.

(2) All staff members shall be thoroughly knowledgeable about commonly abused psychotropic drugs and their physical, mental, and social implications.

(G) Where volunteers are employed in a program, they shall be well screened, trained, and supervised appropriately to aid them in fulfilling their assignments. Volunteers shall be used as an adjunct to regular paid staff and not in lieu of regular paid staff.

(H) The licensee shall evaluate all staff members in terms of job performance. Such evaluation shall be done annually and a copy placed in the employee's record.

750.340: Finances

(A) The applicant or licensee shall demonstrate financial capability to operate the program for the licensing period; programs which have not previously operated shall demonstrate such capability for at least a three month period.

(B) The licensee shall keep and maintain an accurate record of receipts and shall be audited annually, a copy of which shall be forwarded to the Department.

(C) The licensee shall keep on file an annual budget. Such budget shall categorize revenues by source of funds and expenses by service components.

(D) The licensee shall establish written procedures and policies for all fiscal operations, including policies and procedures for fee arrangements with clients.

(E) Each licensee shall have liability insurance.

750.350: Evaluation

(A) The licensee shall have an evaluation plan that will enable it to measure the progress being made in reaching its stated objectives and goals.

(B) An evaluation report shall be prepared annually by the licensee. Such report should be oriented toward the presentation of data and information that will be useful in improving program operation.

750.360: Client Records

(A) The licensee shall maintain individualized client records with an identification number that can be referenced to a distinctly separate file for client identification. The licensee shall organize its client records so that financial and administrative matters can be reviewed without disclosing clinical information.

(B) The written individual client record shall include, but not be limited to, the following information:

- (1) Name, date of birth, sex, marital status, and primary language if other than English;
- (2) Information listed in 105 CMR 750.310(A)(2);
- (3) Referring agency or person;
- (4) Sources of financial support;
- (5) Presenting problem(s);
- (6) Signed and dated progress notes;
- (7) Original treatment plan and periodic reviews;
- (8) Discharge summaries which shall include aftercare plans;
- (9) Aftercare services;
- (10) Follow-up attempts and services; and
- (11) All necessary authorizations and consents.

(C) Progress notes shall be legible, dated, signed by the individual making the entry, and current.

(D) All client records shall be marked confidential and kept in a secure, locked location.

(E) Except as otherwise provided in 105 CMR 750.000 or by applicable state or federal law, access to client records shall be only by those staff members authorized by the administrator or his/her designee. The licensee shall have a written procedure regulating and controlling access to client records by those members of the staff whose responsibilities require such access. The licensee shall not develop any procedure prohibiting Department personnel access to client records for the purpose of review.

750.370: Confidentiality

(A) Information in a client record shall be privileged and confidential and shall only be made available:

- (1) To medical personnel in a medical emergency;
- (2) To qualified personnel for the purpose of conducting scientific research, management audits or program evaluations;
- (3) If authorized by an order of a court of competent jurisdiction;
- (4) Where authorized by the prior informed consent of the client. Such consent shall be in writing and shall contain:
 - (a) the name of the program making the disclosure;
 - (b) the name or title of person or organization to whom the disclosure is made;
 - (c) the name of the client;
 - (d) the purpose or need for the disclosure;
 - (e) the extent or nature of information to be disclosed;
 - (f) a statement that the consent is subject to revocation;
 - (g) the date on which the consent is signed; and
 - (h) the signature of the client.

(B) Any disclosure made under 105 CMR 750.370, whether with or without the client's consent, shall be limited to information necessary in light of the need or purpose for the disclosure.

(C) Authorization for release of information shall have a duration no longer than that necessary to effectuate the purpose for which it is given. Where treatment is made a condition of release from confinement, consent shall expire 60 days after it is given.

(D) Only the administrator or his/her designee shall sanction the release of information from client records.

750.370: continued

- (E) A request for release of information by a client shall not be denied.
- (F) All present or past staff members who have access to, knowledge of, or possess any information pertaining to, present or former clients shall be governed by 105 CMR 750.000.
- (G) The licensee shall, as part of its orientation, inform all staff members and clients of these confidentiality requirements.

750.380: Client Rights

- (A) The licensee shall make every effort to safeguard the legal and civil rights of each client. Each licensee shall adopt and maintain a currently updated set of program rules, which shall state the responsibilities and the rights of clients as defined by 105 CMR 750.380.
- (B) Specific Client Rights.
 - (1) All programs, including residential programs, shall guarantee clients freedom from physical and psychological abuse and/or deprivation. At a minimum, these rights shall include freedom:
 - (a) from corporal punishment and/or physical abuse;
 - (b) from body cavity and strip searches;
 - (c) to have control over his/her bodily appearance;
 - (d) to have a hearing on any intended disciplinary measure as set forth in 105 CMR 750.560;
 - (e) to participate or not, in religious worship of his/her own choosing;
 - (f) to examine his/her client record;
 - (g) to challenge information in his/her client record and insert a statement of clarification;
 - (h) to terminate treatment at any time; and
 - (i) from signing over his/her public assistance, food stamps, or other income to the licensee except when it is part of a mutual treatment agreement signed by both the client and the licensee. In such case, the client has the right to know how the income is being expended.
 - (2) Residential programs shall guarantee clients these additional rights:
 - (a) to bathe, shower, and meet personal hygiene needs in a reasonable manner, at a reasonable time;
 - (b) to have regular physical exercise;
 - (c) to wear his/her own clothes, unless medically contraindicated;
 - (d) to send and receive sealed letters. Where the licensee deems it necessary, mail shall be inspected for contraband in the presence of the client;
 - (e) to be given regular and private use of a pay telephone; and
 - (f) to have visitors at reasonable times. Visits by the client's attorney and personal physician shall not be limited.
- (C) If the licensee intends any modification affecting 105 CMR 750.380(B)(2), prior to such modification a detailed written justification shall be filed With the Department and be subject to the approval of the Department. Any approved modification shall be posted conspicuously as specified in 105 CMR 750.310(B).
- (D) The program rules shall also include, in addition to the disciplinary hearing procedure required by 105 CMR 750.560, a grievance procedure for the resolution of any other client related problem or dispute which arises within the program, concerning the client rights enumerated in 105 CMR 750.380(B).

750.500: Admission

- (A) Each licensee shall establish written eligibility criteria for admission and shall make such criteria available to the client upon application for admission and upon request by any other person. A copy of said criteria shall be posted conspicuously in an area frequented by all clients.
 - (1) If an applicant does not meet eligibility requirements, the licensee shall attempt to arrange alternative placement.
 - (2) No person shall be denied admission solely on the basis of race, religion, color, sex, sexual preference, national origin, ancestry, or the fact that she/he has been terminated by another treatment program.
- (B) The admission decision and the reason(s) for it, shall be recorded in the applicant's record.
 - (1) A log of applications denied admission shall be maintained by each licensee. Such log shall include:
 - (a) age, sex, and race of the applicant;
 - (b) referral source;
 - (c) reason for decision;
 - (d) date of application;
 - (e) date of decision.
 - (2) The licensee shall inform the applicant of the decision and the reason(s) for the decision.
- (C) In the course of formal admission into treatment, each applicant shall be interviewed by a qualified health professional.
 - (1) Within 21 days of formal admission the licensee shall take a thorough personal history. Such history shall include the relevant information requested from 105 CMR 750.310(A)(2) and 750.360(B) as well as any other relevant information.
 - (2) Such information shall be entered in the client record.
- (D) Medical and Laboratory Requirements.
 - (1) Residential Drug-Free Programs: As soon as possible, but no later than 21 days after admission the licensee shall provide or make arrangements for a thorough physical examination by a licensed physician. Before allowing a client to sleep in the residence, the licensee shall assure itself that the client has no infectious, communicable or contagious disease.
 - ((2) Reserved)
 - (3) Methadone Treatment Programs: As soon as possible, but no later than 14 days after admission, the licensee shall conduct a thorough physical examination and laboratory tests as required by 105 CMR 750.720(A)(8), (9).
 - (4) Day Treatment Programs: The licensee shall elicit during the personal history interview sufficient medical information to determine whether a physical examination is necessary. If so, the licensee shall arrange for such an examination to take place.

750.510: Orientation

- (A) The licensee shall assign a staff member to orient a new client to the program and the services available.
- (B) The licensee shall provide a new client with an orientation session which will familiarize him/her with the rules, procedures, activities, policies, and philosophy of the program. The licensee shall specifically acquaint a new client with that part of the rules relating to the termination process and the criteria for termination.
- (C) The licensee shall verbally and in writing inform the client of program requirements for client participation. The rules and procedures for disciplinary action and termination, including grievance mechanisms, shall be explained to the new client during the orientation.

750.520: Treatment Plan

- (A) Upon formal admission, the licensee shall, in conjunction with the client, prepare an individual treatment plan for services.
- (B) The individual treatment plan shall be developed by a team which shall include a qualified health professional and, if different, the staff member(s) responsible for implementing the plan on a daily basis.
- (C) The team shall assess the educational, vocational, medical, psychiatric, psychological and other personal or social needs of the client. In formulating the treatment plan, program personnel shall negotiate in good faith with the client to assure that the treatment serves his/her individual needs.
- (D) The treatment plan shall include: a statement of the short and long term treatment goals; the reasons for such goals; the type and frequency of counseling and supportive services; medication prescribed and the reasons for the prescription; dosage and plan for change thereof, if any, including planned rate of detoxification; the assignment of a primary counselor; identification of those persons responsible for coordinating and implementing the treatment plan; the probable duration of treatment; and the aftercare and follow-up services to be provided. Programs may indicate client involvement in the development of the treatment plan by making provision in the client record for a signed statement of agreement.

750.530: Periodic Review

- (A) Individual treatment plans shall be reviewed with the client and amended, as necessary, no less than every 90 days for outpatient and every 30 days for day treatment and residential programs. A summary of such periodic review shall become a part of the client record.
- (B) The review shall evaluate the client's progress and reassess his/her needs.
- (C) The review shall be conducted by a team similarly constituted as that described in 105 CMR 750.520(B).

750.540: Treatment Services

- (A) The licensee shall provide or make arrangements for the provision of counseling services as part of total treatment. The sessions shall be conducted by trained personnel under the supervision of a qualified health professional.
- (B) The licensee shall have available to staff on a regular basis, medical and psychiatric consultation.
- (C) The licensee shall provide or make arrangements for the provision of appropriate care for those clients who evidence medical or psychiatric problems.
- (D) The licensee shall have written agreements with appropriate community agencies and individuals which assure the availability of qualified medical and mental health care.
 - (1) Inpatient and residential programs shall have emergency care available on a 24 hour, seven day per week basis.
 - (2) The licensee shall make provisions for isolating clients where illness requires such isolation.
 - (3) Outpatient and methadone treatment programs shall assure the availability of appropriate inpatient care for emergency purposes.
 - (4) All other programs shall have emergency care accessible at least during their hours of operation.

750.550: Community Relationships

(A) The licensee shall maintain written formal agreements with appropriate community agencies in order that clients may have available to them a wide range of services. Such formal relationships shall include, but not be limited to, medical, dental, mental health, vocational, and educational agencies.

(B) The licensee shall maintain an up-to-date resource and reference file of all agencies of potential usefulness to clients. The resource and referral file shall contain sufficient detail to allow staff members making referrals to determine:

- (1) The name, location, contact person, and telephone number of the resource;
- (2) The types of service the resource is able to provide;
- (3) The resource's eligibility criteria; and
- (4) The type of follow-up information that the resource will provide.

750.560: Termination

Each licensee shall establish and maintain written procedures detailing the termination process and shall incorporate them into the policy manual as described in 105 CMR 750.310. These procedures shall include:

(A) Written criteria for termination, defining:

- (1) Successful completion of program;
- (2) Voluntary termination prior to program completion;
- (3) Involuntary termination;
- (4) Medical Discharge; and
- (5) Transfers and referrals.

(B) Rules of required conduct and procedures for both emergency and non-emergency involuntary terminations in accordance with the following requirements:

(1) In an emergency situation, the licensee may suspend a client immediately and without provision for detoxification where the client's continuance in the program presents an immediate and substantial threat of physical harm to other clients or program personnel or property; or where the continued treatment of a client presents a serious medical risk as determined by the program's medical director, but the client shall be afforded a review thereafter, including the opportunity to be heard no later than seven days from the client's receipt of the written notice of suspension, all as provided in 105 CMR 750.560(B)(2).

(2) In a non-emergency situation, wherein the client's continuance does not present the immediate and substantial threat or serious medical risk described in 105 CMR 750.560(B)(1), the licensee may not terminate, suspend or commence any involuntary detoxification on the client without first affording him/her the following procedural rights:

(a) prompt written notice which shall contain:

1. a statement of the reasons for the proposed termination, (*e.g.* violations of a specific rule or rules, non-compliance with treatment contract, *etc.*) and the particulars of the infraction including the date, time and place;
2. notification that the client has the right to request a hearing within the time specified by the licensee to appeal the proposed termination;
3. the date, time and place of the hearing, if the client elects to be heard; and
4. a copy of the licensee's hearing procedure.

(b) an opportunity to be heard at a hearing conducted in accordance with the procedures specified hereafter:

1. The hearing shall be presided over by an impartial hearing officer or officers who may be any staff or other person not directly involved in either the facts of the incident giving rise to the disciplinary proceeding or in the decision to commence the proceeding; provided that the persons involved in either the facts of the incident or in the decision to commence the proceeding shall not have authority over the hearing officer(s);
2. The client may be represented at the hearing by any responsible adult of the client's own choosing, including counsel;

750.560: continued

3. The hearing shall be conducted in accordance with previously established written rules which need not be the rules of evidence used in judicial proceedings, but which shall be designed to ensure a fair and impartial proceeding, provided that the program shall clearly establish that the client did commit the alleged violation;
4. The client shall be entitled, upon request, to examine any documentary evidence in the possession of the licensee which pertains to the subject matter of the hearing;
5. The client shall be entitled to call his/her own witness and to question any adverse witness;
6. The client and/or licensee may record the hearing by any means of his/her own choosing and at his/her own expense, provided that the means of recording does not substantially interfere with the proceedings.

(c) The hearing officer will make his/her decision within seven days after the hearing and will base the decision solely upon the information presented at the hearing. The decision shall also be based upon clinic rules and regulations that were in effect at the time of the violation and had previously been posted.

(d) The hearing officer shall provide the client with his/her decision in writing which shall include an explanation of the reasons for the decision and will provide the client (and his/her representative, if requested) with a copy thereof.

(e) If the licensee affords the client an appeal from an adverse decision of the hearing officer, the licensee may not terminate, suspend or impose any lesser sanction on the client without first receiving and insuring that the client also receives, the decision on appeal.

(f) Clients in a methadone treatment program or residential detoxification program, if terminated or suspended in accordance with 105 CMR 750.560(B)(2), shall, and if terminated or suspended in accord with 105 CMR 750.560(B)(1), may, at the licensee's discretion, be afforded the opportunity of detoxification. The rate of detoxification shall be determined by the program's Medical Director to be appropriate to the dosage level at which the client was being medicated before the final decision was made to terminate or suspend; and the licensee shall either itself detoxify the client or make arrangements for appropriate detoxification in another facility.

(C) Upon every termination the program shall prepare and include in the client record a written summary containing, but not limited to, the following information:

- (1) Description of treatment episode;
- (2) Current drug usage;
- (3) Maintenance level at time of discharge;
- (4) Vocational/educational achievements;
- (5) Criminal activity;
- (6) Reason for termination;
- (7) A summary of any disciplinary action taken, including:
 - (a) the reasons therefor;
 - (b) either the termination plan or the decision of the grievance hearing, or, if the client did not elect to be heard, a clear statement of the circumstances of termination, suspension or any lesser sanction imposed;
 - (c) the location of the client immediately after discharge; and
- (8) Referrals.

(D) In the case of a medical discharge, the licensee, before such termination, shall develop together with the client a written termination plan.

- (1) The termination planning shall be conducted by a team similarly constituted as that which developed the treatment plan;
- (2) The team shall assess the client's needs and develop a termination plan to meet these needs, including provision for aftercare and follow-up services where appropriate;
- (3) The termination plan shall be signed by both the client and the primary counselor.

(E) A copy of the summary (and termination plan where appropriate) shall be placed in the client record.

750.570: Follow-Up

- (A) The licensee shall, when possible and appropriate and with the consent of the client, maintain contact with each client for at least one year after discharge.
- (B) Follow-up efforts shall be documented in the client record.

750.700: Residential Treatment Programs

- (A) Residential Drug-Free Programs.
 - (1) Residential drug-free programs shall provide 24 hour staff and telephone coverage, seven days per week. Senior residents in treatment shall not be considered staff for this purpose.
 - (2) Programs shall have adequate and identifiable staff responsible for administrative, clinical and support services. Staffing shall be sufficient to provide required services for the stated bed capacity.
 - (3) As soon as possible, but not later than 21 days after admission, the licensee shall provide or make arrangements for the provision of a thorough physical examination by a licensed physician.
 - (a) Where physical and laboratory examination so indicate, the licensee shall provide or make referral arrangements for the provision of appropriate medical and/or other care.
 - (b) Before allowing a client to sleep in the residence, the licensee shall assure itself that the client has no infectious, communicable disease.
 - (4) The licensee shall provide counseling, no less than five times per week.
 - (a) At a minimum, one of the five sessions must be an individual counseling session;
 - (b) Types of counseling sessions shall be as specified in the individual treatment plan;
 - (c) Counseling services shall also include:
 - 1. group treatment;
 - 2. family and/or couples counseling; and
 - 3. vocational guidance.
 - (5) The licensee shall also provide or make referral arrangements for the provision of the following services:
 - (a) advocacy/ombudsman services;
 - (b) job placement assistance;
 - (c) recreational services;
 - (d) substance abuse education and information;
 - (e) general education; and
 - (f) legal aid.
 - (6) The licensee shall provide or make referral arrangements for the provision of psychiatric, medical, social, and dental services as needed.
 - (7) Where the licensee utilizes an outside agency(ies) for the provision of services, formal written agreements shall be maintained and re-affirmed at least bi-annually.
 - (8) All new employees shall receive a chest x-ray or an intradermal skin test for tuberculosis.
 - (9) Aftercare:
 - (a) The licensee shall provide or make referral arrangements for the provision of counseling and other supportive services.
 - (b) The licensee shall maintain and make available to clients as needed a file of available community services which shall include a description of the services, its address and phone number, and the name of a person to contact.
 - (c) The licensee shall prepare the client for appropriate referral, as necessary.
 - (d) Aftercare services shall be documented in the client record.

750.710: Ambulatory Treatment Programs

- (A) Day Treatment Programs.
 - (1) A Day Treatment program shall operate a minimum of five hours per day, five days per week.

750.710: continued

- (2) The licensee shall obtain from each client sufficient medical information such that it can be determined whether a physical examination is necessary. If so indicated, the licensee shall arrange for such an examination to be provided. Where a physical and/or laboratory examination indicates, the licensee shall provide or make referral arrangements for the provision of appropriate medical and/or other care.
- (3) The licensee shall provide counseling no less than five times per week.
 - (a) At a minimum, one of the five sessions must be an individual counseling session.
 - (b) Types of counseling sessions shall be as specified in the individual treatment plan.
 - (c) Other counseling services that may be offered include:
 - 1. group;
 - 2. family and/or couples; and
 - 3. vocational guidance.
- (4) The licensee shall also provide or make referral arrangements for the provision of the following:
 - (a) referral;
 - (b) vocational counseling;
 - (c) job placement assistance;
 - (d) substance abuse education and information;
 - (e) general education; and
 - (f) legal aid.
- (5) The licensee shall provide or make referral arrangements for the provision of psychiatric, medical, social, and dental services as needed.
- (6) Where the licensee utilizes an outside agency(ies) for the provision of services, formal written agreements shall be maintained and re-affirmed at least bi-annually.

(B) Crisis Intervention Program.

- (1) A Crisis Intervention program shall provide the following:
 - (a) Immediate crisis intervention counseling as needed;
 - (b) In crisis situations the licensee shall obtain at a minimum the following information:
 - 1. drugs used within the last 48 hours;
 - 2. drugs used in combination; and
 - 3. dosages used.
 - (c) The licensee shall make a determination as soon as possible after the crisis situation is over whether referral for more extensive treatment is required and, if so, to make arrangements for such treatment.
 - (d) The licensee, in addition to providing crisis intervention services, shall be able to provide information about drugs, identification of drugs, and information about drug treatment, drug treatment facilities and emergency treatment centers.
 - (e) The licensee shall have written procedures:
 - 1. concerning the limitations of emergency treatment to be carried out by the program staff members;
 - 2. for dealing with anticipated medical and psychiatric emergencies; and
 - 3. for handling problems such as unconscious individuals, minors, individuals with communicable diseases, and individuals requiring transfer to a hospital.
 - (f) The licensee shall have formal written agreements with appropriate community agencies, hospitals, mental health centers and individuals which assure the availability of qualified medical and mental health care. Such agreements shall be re-affirmed annually.
 - (g) The licensee shall maintain an up-to-date resource and referral file of all available emergency services and other appropriate community agencies of potential usefulness to clients. This file shall include:
 - 1. emergency medical services;
 - 2. emergency rescue care;
 - 3. emergency transportation;
 - 4. available detoxification services;
 - 5. available legal services;
 - 6. available methadone maintenance centers;

750.710: continued

7. mental health care;
 8. public health services (V.D. clinics, pregnancy tests, *etc.*), physical and psychiatric services, such as public hospitals, child guidance centers, family consultation services, mental health clinics, *etc.*;
 9. emergency short-term housing and food services;
 10. poison control centers; and
 11. police and fire departments.
- (2) Community Relations and Referrals. The licensee shall maintain ongoing relationships with community agencies in order that clients may have available to them a wide range of services.
- (3) Referral Verification. The licensee shall contact the agency to which a referral has been made to determine the status of the referral. Such contact shall be done in a manner that does not violate the confidentiality of the referral.

750.720: Methadone Treatment Programs

(A) General Requirements.

- (1) Methadone treatment programs, in addition to providing medication and evaluation, shall provide, at a minimum, counseling, rehabilitation and other social services including vocational, educational and employment guidance, which will help the client become a well functioning member of society. These services may be made available at the primary facility, but the licensee is permitted to enter into formal, written agreements with private or public agencies, organizations, or institutions for these services. Such agreements shall be maintained and re-affirmed at least bi-annually. Evidence will be required to demonstrate that the services are fully available and are being utilized.
- (2) The licensee shall operate in accordance with:
 - (a) M.G.L. c. 94C;
 - (b) the rules and regulations of the Federal Food and Drug Administration (FDA);
 - (c) the rules and regulations of the Drug Enforcement Administration (DEA); and
 - (d) the State Methadone Authority.
- (3) The licensee shall designate a licensed practitioner as medical director. The medical director shall be responsible for administering all medical services performed by the program, be licensed to practice medicine in the Commonwealth of Massachusetts, and where possible have experience in working with drug dependant persons. In addition, the medical director, or any other authorized staff physician shall be responsible for the following minimal requirements:
 - (a) ensuring that evidence of current physiological dependence is recorded in the client record;
 - (b) ensuring that a medical evaluation, including a medical history has been taken;
 - (c) ensuring that appropriate laboratory studies have been performed;
 - (d) signing or countersigning all medical orders; and
 - (e) reviewing and countersigning treatment plans at least annually.
- (4) The licensee shall maintain security over stocks of all chemotherapeutic substances, and over the manner in which they are received, stored and distributed, according to the guidelines established by the DEA.
- (5) The licensee shall have an adequate system for identifying clients when dispensing chemotherapeutic substances.
- (6) Methadone treatment programs shall provide services seven days per week if delivering detoxification services and a minimum of six days per week if delivering only maintenance services. Consideration should be given to the employment, homemaking and educational needs of the clients. Services provided on at least five of these six or seven days shall be on the basis of an eight-hour day provided that a minimum of two hours of such eight-hour must be scheduled at a time other than the regular 9:00 A.M. to 5:00 P.M. day. Services administered during the remaining one or two days must be scheduled for a period of at least four hours.
- (7) Prior to admitting a client into treatment, the licensee shall obtain and shall make a part of the client record:

750.720: continued

- (a) Form FD-2635, "Consent to Methadone Treatment" as required by the FDA, signed by the client. The licensee shall insure that the client signs with full knowledge and understanding of its contents. Where the client is under the age of 18, the consent form shall be signed by the client and the client's parent or guardian.
 - (b) A statement, developed by the program which, at a minimum, addresses:
 - 1. distinction between detoxification and maintenance;
 - 2. approximate length of stay in treatment for each modality;
 - 3. a clear statement of the goals of each type of treatment;
 - 4. the options available to both the client and the program as a result of either a voluntary or involuntary termination, as stated in 105 CMR 750.560; and
 - 5. a client signed receipt for the statement shall be placed in the client record.
 - (c) Two or more proofs of narcotic dependence; such proofs may consist of:
 - 1. two or more positive urine tests for opiate or morphine-like drugs;
 - 2. the presence of old and fresh needle marks;
 - 3. early physical signs of withdrawal;
 - 4. documented evidence from the medical and personal history;
 - 5. physical examination; and
 - 6. laboratory tests.
- (8) Physical Examination. Each client shall have a physical examination by a program physician or a qualified health-care professional under the supervision of a program physician as soon as possible, but no later than 14 days after admission.
- (a) The physical examination shall consist of an investigation of the organ systems for possibilities of infectious disease, pulmonary, liver and cardiac abnormalities, and dermatologic sequelae of addiction. In addition, the physical examination shall include a determination of the client's vital signs (temperature, pulse, blood pressure and respiratory rate); an examination of the general appearance; head, ears, eyes, nose, throat (thyroid), chest (including heart, lungs and breasts), abdomen, extremities, skin and neurological assessment; and the physician's overall impression of the client.
 - (b) Prior to prescribing, dispensing or administering methadone, the licensee shall assure itself that the methadone will not interfere with any other drugs the client is taking.
- (9) Laboratory Tests. A laboratory work-up shall be performed by qualified personnel as soon as possible, but no later than 14 days after admission. When a client is readmitted to a program, it is recommended that the decision determining the appropriate laboratory tests to be conducted be based on the intervening medical history and a physical examination.
- (a) the laboratory work-up shall include:
 - 1. serological test for syphilis;
 - 2. tuberculin skin test; and
 - 3. urine screening for drug determination.
 - (b) The licensee shall ensure that an initial drug screening urinalysis for opiates, barbiturates, amphetamines, cocaine, and other drugs as appropriate is completed for each prospective client and that when urine is collected, specimens from each client are collected in a manner that minimizes falsification.
 - (c) Laboratories used for urine testing shall be approved by the FDA and the State Methadone Authority.
 - (d) It is recommended practice that the following laboratory examinations be conducted for each client upon admission to a program in addition to the required examinations stated above:
 - 1. complete blood count and differential;
 - 2. routine and microscopic urinalysis;
 - 3. liver function profile, *e.g.* SGOT, SGBT, *etc.*;
 - 4. when the tuberculin skin test is positive, a chest x-ray;
 - 5. Australian Antigen HB Ag Testing (HAA testing);
 - 6. when clinically indicated, an EKG; and
 - 7. where appropriate, a pregnancy test and a pap smear.
 - (e) Laboratories shall be approved by the Department.
- (10) Counseling Services. Methadone Treatment programs shall offer counseling services in accordance with 105 CMR 750.710(A)(3) and (4).

750.720: continued

(11) The licensee shall begin treatment by giving small dosages individually adjusted to the narcotic tolerance of the new client.

(12) The licensee shall report within 14 days of occurrence to the FDA on Form-1639 a detailed account of any adverse physical or psychological reactions.

(B) Methadone Detoxification.

(1) A Methadone Detoxification program shall determine separately for each client, in accordance with 105 CMR 750.520, the rate at which methadone is to be decreased. Clients who are being detoxified as a planned goal in a methadone maintenance program may enter into an agreement with the program for a blind detoxification. Such agreement shall be renewed only by mutual consent on a regular basis. The maximum period between an agreement and a renewal shall be 60 days.

(2) A waiting period of at least one week shall be required between detoxification attempts. Before a detoxification attempt is repeated, the medical director, or any other authorized staff physician, shall document in the client record that the client continues to be or is again physiologically dependent on a narcotic drug.

(3) All requirements for maintenance treatment apply to detoxification treatment with the following exceptions:

(a) A history of one year physiologic dependence is not required for admission;

(b) Clients who have been determined by the program physician to be currently physiologically narcotic dependent may be detoxified with methadone, regardless of age;

(c) No urine testing is required except for the initial drug screening urinalysis;

(d) Periodic treatment plan evaluations required for maintenance clients are not necessary; and

(e) The requirements of 21 CFR 291.505(d)(6): *Federal Treatment Standards* [except (d)(6)(ii)(a) through (d)(iii) and (iv)]", do not apply to detoxification treatment.

(4) The licensee shall dispense methadone daily at the facility under the direct supervision of a physician or other qualified medical person.

(5) The licensee shall not provide take home medication.

(C) Methadone Maintenance.

(1) All clients receiving methadone maintenance shall be given careful consideration for discontinuation of methadone use. Social rehabilitation shall have been maintained for a reasonable period of time. Clients should be encouraged to pursue the goal of eventual withdrawal from methadone and becoming completely drug-free whenever possible, although it is recognized that for some clients the drug may be needed for a longer period of time. In those instances where a client is being maintained for a period in excess of two years, the licensee shall document in the client record the justification for continued maintenance and the therapeutic use of take-home medication or the contraindication thereof.

(2) No applicant shall be admitted unless she/he has at least a documented history of opiate dependency beginning one year prior to application for treatment. In the case of a person for whom the exact date on which physiological addiction began cannot be ascertained, the admitting physician may, in his/her reasonable clinical judgment, admit the person to methadone maintenance treatment, if from the evidence presented, observed, and recorded in the client record, it is reasonable to conclude that there was physiologic dependence at a time approximately one year prior to admission.

(3) Urine Testing.

(a) An initial drug-screening shall be completed for each prospective client;

(b) At least eight additional random urinalysis shall be performed on each client during the first year in treatment;

(c) At least quarterly random urinalysis shall be performed on each client in treatment for more than one year; and

(d) Results of urine testing shall be used as one clinical tool for the purposes of diagnosis, and in determination of treatment plans, as well as by monitoring client drug-use patterns before and during treatment. The licensee shall ensure that urine test results are not used to force a client out of treatment but are used as an aid in making treatment decisions.

750.720: continued

(4) Administration of Methadone.

- (a) After at least three months of maintenance treatment and after showing substantial progress in rehabilitation by participating actively in the program activities and/or participation in educational, vocational, homemaking activities, those clients whose employment, education or homemaking responsibilities would be hindered by daily attendance may be permitted to reduce to three times per week the times when they must ingest the methadone under observation. The licensee shall dispense no more than a two day take home supply to the client. The licensee shall observe utmost care in authorizing take home privileges and the reasons for such shall be documented in the client record.
- (b) After at least two years of maintenance treatment and where rehabilitative progress would be enhanced by decreasing the frequency of client attendance, the client may be permitted to reduce to twice weekly the times she/he must ingest the methadone under observation. The licensee shall dispense no more than a three day take home supply.
- (c) The requirements for when the methadone must be ingested under observation may be relaxed if the client has a serious physical disability. The FDA and the Department shall be notified of such cases. The reasons for take home privileges shall be documented in the client record.
- (d) In exceptional circumstances, the licensee may dispense additional methadone for a specific period where client hardship would result from requiring the customary methadone intake. The licensee shall record the reasons for providing additional methadone in the client record.
- (e) In circumstances of severe illness, infirmity or physical disability, an authorized individual may deliver or obtain the methadone. The reasons for this exception shall be entered in the client record.
- (f) Take home privileges may be revoked or suspended if the client does not maintain those behavior changes which allowed take out privileges in the first place.

(5) Pregnant Women.

- (a) Pregnant clients, regardless of age, who have had a documented narcotic dependency in the past and who may be in direct jeopardy of returning to narcotic dependency, with all its attendant dangers during pregnancy, may be placed on a maintenance regimen. For such clients, evidence of current physiological dependence on narcotic drugs is not needed if the medical director, or any other authorized staff physician, certifies the pregnancy and, in his/her reasonable clinical judgment, finds such treatment to be medically justified. Evidence of all findings shall be recorded in the client record.
- (b) The licensee shall take caution in the maintenance of pregnant women. Dosage levels shall be maintained as low as possible if continued methadone maintenance is deemed necessary. It is the responsibility of the licensee to ensure that each pregnant client is fully informed concerning the possible risks to herself and to her unborn child.
- (c) The licensee shall make referral arrangements for the provision of pre-natal and delivery services.

(6) Termination.

- (a) Upon successfully reaching a drug-free state, the client should be maintained in the program as long as necessary to assure stability.
- (b) Clients suspended or involuntarily terminated shall be afforded the opportunity of detoxification in accordance with 105 CMR 750.560. Upon the request of the client or where appropriate, the licensee shall make arrangements for an immediate transfer to another facility, if possible. Where transfer is not possible, other arrangements for detoxification shall be made.

750.800: General Requirements

- (A) Facilities shall comply with all state laws and local ordinances applicable to buildings, fire protection, public safety and public health.
 - (1) The licensee shall have a certification of inspection from the Department of Public Safety or the appropriate local building inspector.
 - (2) The licensee shall obtain for the facility certification by the local Board of Health or Health Department and shall keep written reports of inspection on file in the facility.
 - (3) The licensee shall request from the local fire department semi-annual fire inspections in each facility. Such inspections shall be recorded and put on file by the licensee.

- (B) The licensee shall establish a written plan detailing procedures for meeting potential emergencies:
 - (1) The plan shall include:
 - (a) procedures for the assignment of personnel to specific tasks and responsibilities in emergency situations;
 - (b) instructions relating to the use of alarm systems and signals;
 - (c) systems for notification of appropriate persons; and
 - (d) specification of evacuation routes and procedures.
 - (2) The licensee shall post the plans and procedures at suitable locations throughout the facility. Staff and clients shall familiarize themselves with them.

- (C) The licensee shall, where appropriate, conduct emergency drills at least quarterly.
 - ((1) Reserved)
 - (2) Long term residential programs shall assure themselves of client capability for self-preservation and conduct fire drills under varied conditions in order to:
 - (a) insure that clients and staff are familiar with evacuation routes and procedures;
 - (b) insure that clients and staff can evacuate the facility in an orderly and safe manner;
 - (c) insure that all staff members and clients are trained to perform assigned tasks;
 - (d) insure that designated staff members are familiar with the use of the fire-fighting equipment in the facility; and
 - (e) evaluate the effectiveness of emergency plans and procedures.
 - (3) In residential facilities, fire drills shall be conducted on all shifts.

- (D) The design, construction, and furnishings of the facility shall be appropriate for fostering personal and social development, and be flexible enough to accommodate the needs of the clients and the treatment philosophy of the program.

- (E) All doorways and corridors and stairwells shall be maintained so as to provide free and unobstructed egress from all parts of the facility:
 - (1) An emergency source of lighting shall be available in all corridors and stairways that lead to the principal means of egress;
 - (2) All stairways shall be equipped with handrails; and
 - (3) The licensee shall eliminate barriers that would restrict the movement of handicapped persons.

- (F) All facilities shall provide sufficient housekeeping and maintenance personnel to maintain the interior of the facility in good repair and in safe, clean, orderly, attractive, and sanitary manner free from all accumulation of dirt, rubbish, and objectionable odor.
 - (1) Floors, walls, and ceilings shall be cleaned regularly; walls and ceilings shall be maintained free from cracks and falling plaster.
 - (2) All windows, including combination windows, shall be washed inside and outside at least twice a year.
 - (3) Windows and doors shall be properly screened during the insect breeding season.
 - (4) Storage areas, attics, and cellars shall be kept safe and free from accumulations of extraneous materials such as refuse, furniture, and old newspapers or other paper goods. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.
 - (5) The grounds shall be kept free of refuse and litter, and areas around buildings, sidewalks, gardens and patios kept clear of dense undergrowth and ice.

750.800: continued

(G) Plumbing and heating utilities shall be adequate to maintain a healthy environment for the clients.

- (1) Hot water supplied to fixtures accessible to clients shall be controlled to provide a maximum temperature of 110°F.
- (2) The heating system shall be in conformity with the rules and regulations as outlined by the Department of Public Safety under M.G.L. c. 148, as amended.
- (3) Every facility shall be equipped with a heating system that is sufficient to maintain a minimum temperature of 68°F throughout the facility at all times at winter temperatures. Portable heaters, such as space heaters, electric heaters or heaters using kerosene, gas, or other open-flame method are prohibited.
- (4) Adequate electric lighting maintained in good repair shall be provided throughout the facility in accordance with the provisions of the M.G.L. c. 111, § 72C as amended and the recommended levels of the Illumination Engineering Society. All electrical installations shall be in accordance with the Department of Public Safety (520 CMR), Board of Fire Prevention Regulations (527 CMR), Massachusetts Electrical Code (527 CMR), and all local regulations.

750.810: Health

(A) The licensee shall keep first aid supplies in a convenient and safe place ready to be used for minor injuries.

(B) Bathrooms shall be conveniently located throughout the facility.

- (1) Every bathroom door lock shall be designed so that in an emergency the locked door can be opened from the outside.
- (2) Bathrooms shall be designed to ensure privacy. All toilets shall have seats.
- (3) Bathrooms shall either have natural or mechanical ventilation devices.
- (4) Bathrooms shall be cleaned frequently and be maintained in a sanitary manner and in good repair.
- (5) A soap dispenser, paper or individual towels, toilet tissue and a mirror shall be available at all times.

750.820: Residential Facilities

(A) Each facility defined as a "group residence" under Section 424.1 of the State Building Code shall meet the building code applicable to "group residence" (*See* 780 CMR).

(B) Each facility not defined as a "group residence" under Public Safety Law or by regulations of the Building Code Commission shall meet the building codes applicable to the facility.

(C) All health and sanitation standards set-forth in 105 CMR 750.000 shall comply with 105 CMR 410.000: *State Sanitary Code Chapter II: Minimum Standards of Fitness for Human Habitation*. If a discrepancy exists between 105 CMR 750.000 and 105 CMR 410.000, the more stringent shall take precedence.

(D) Environment.

- (1) The exterior of the residence shall, wherever possible, conform with other houses in the area. Evidence to the general public that the house is being maintained as a residential facility shall, whenever possible, not be apparent.
- (2) The licensee shall design and furnish its residential facility to provide a homelike setting:
 - (a) There shall be proper separation in sleeping quarters and bathroom facilities serving male and female residents;
 - (b) There shall be one or more living rooms or day rooms. The living room area shall not be used as a bedroom for any resident or resident staff;
 - (c) There shall be space available for meetings, T.V. viewing, and a quiet area. These areas shall not be used as bedrooms for any resident or resident staff;

750.820: continued

- (d) There shall be room for office space for staff, house records, and telephone. If records are kept in the office they shall be under lock and key, and so placed that only the house staff have access to them;
- (e) There shall be a separate area set aside for individual counseling; and
- (f) The master key to all rooms which may be locked by residents on the inside shall be kept where it is available to the manager and assistants in an emergency.

(E) Sleeping Areas.

- (1) All sleeping areas shall be conveniently located near toilet, lavatory, and bathing facilities.
- (2) Sleeping areas shall be designed to promote comfort and shall provide adequate space and privacy for residents and shall:
 - (a) Be large enough for the placement of needed furniture and to allow for easy passage between beds and other items of furniture. Sleeping areas shall have a minimum of 50 square feet of floor area per resident;
 - (b) Have adequate lighting and ventilation so that residents are comfortable in all seasons of the year;
 - (c) Have direct outside exposure with adequate, unobstructed natural light and adequate ventilation; and
 - (d) areas in accordance with the minimum temperatures set forth in 105 CMR 410.000.
- (3) Residential care shall accommodate no more than six residents per sleeping area. Exceptions may be allowed for facilities upon written approval of the Department.
- (4) No unfinished attic, stairway, hall, or room commonly used for other purposes shall be used as a sleeping room for any resident.
- (5) Each resident shall be provided with the following basic equipment and supplies:
 - (a) A comfortable bed of household size. Cots and folding beds are prohibited unless used for emergency purposes;
 - (b) Bed springs and a clean, comfortable mattress with waterproof covering on all beds. Each mattress shall be at least four inches thick, 36 inches wide, and not less than 72 inches long;
 - (c) An adequate supply of clean, ironed or drip dry bed linen, blankets, bedspreads, washcloths, and towels of good quality and in good condition. This shall mean a supply of linen equal to at least three times the usual occupancy. Linen, towels, and washcloths shall be changed and laundered at least every week; and
 - (d) A bedside cabinet, or table dresser, drawer space, and adequate closet space.
- (6) Residents should be allowed to decorate their sleeping areas with their personal possessions, such as pictures and posters.

(F) Dietary Services.

- (1) Persons working in the food service area shall be free of infections, communicable diseases, and open skin lesions. The facility's health policies for persons working in the food service area shall be in compliance with state and local health laws and regulations.
- (2) The licensee shall have written procedures for protecting food from contamination and spoilage during its storage, preparation, distribution, and service. Procedures shall be established for:
 - (a) procuring all food from sources that provide assurance that the food is processed under regulated quality and sanitation controls;
 - (b) clearly labeling supplies;
 - (c) storing all non-food supplies in an area separate from that in which food supplies are stored;
 - (d) storing perishable foods at proper temperatures;
 - (e) ensuring that any walk-in refrigerators or freezers can be opened from the inside even if locked;
 - (f) providing adequate hand-washing and drying facilities in convenient places;
 - (g) thorough cleansing and sanitizing of all working surfaces, utensils, and equipment after each period of use; and
 - (h) maintaining frozen foods at temperatures below 10°F.

750.820: continued

- (3) The licensee shall provide sanitary storage space in cabinets for the proper storage of dishes, silverware, and cooking equipment which shall be maintained in a sanitary manner and in good repair.
- (4) Dishes shall be washed and rinsed in a manner that is consistent with local health requirements.
- (5) The licensee shall provide for the sanitary disposal of garbage and solid waste.
- (6) The licensee shall provide dining areas which are clean, well lighted, ventilated, and attractively furnished. The dining room shall be large enough to accommodate all residents, but not necessarily simultaneously. Any area which is designated as the dining area shall not be used as a bedroom by any resident or resident staff.
- (7) The licensee shall provide a nourishing well-balanced diet to all residents.

(G) Personal Hygiene.

- (1) Adequate toilets, handwashing sinks, baths and showers shall be provided on floors where residents' rooms are located.
- (2) Toilet, handwashing and bathing equipment and areas must be kept in good repair, and the floor area surrounding the toilet must be maintained in a sanitary manner and in good repair:
 - (a) A shower or tub shall be provided in a ratio of at least one per ten residents. Separate showers or tub baths for males and females are required, only if they are located in the same room with toilets. (Exceptions may be made upon written approval of the Department).
 - (b) Bathing tubs, showers, and sinks shall be cleaned after each use and tub and shower surfaces shall be provided with abrasive material to provide safe footing.

(H) The licensee shall provide or make available accommodations for the laundering and ironing of residents' clothing.

(I) Residents' special belongings shall be kept in a manner that will protect them from loss, theft, or misuse by others. Except when therapeutically contraindicated, residents should have ready access to their belongings.

REGULATORY AUTHORITY

105 CMR 750.000: St. 1981, c. 704; c. 111E, § 7.